



UNIVERSITY OF  
**DETROIT  
MERCY**

Build A Boundless Future

**UNIVERSITY OF DETROIT MERCY  
HUMAN RESOURCES & PAYROLL DEPARTMENT**

**Leave of Absence Form**

*This form is used to place an employee on a non-disability leave of absence.*

Please *PRINT LEGIBLY* and **sign and date at the bottom of the form.**

**EMPLOYEE INFORMATION:**

Employee Name:
UDM ID#:
Home Address:
Telephone Number:

**LEAVE INFORMATION:**

<input type="checkbox"/> This is a new request	<input type="checkbox"/> This is an update to an existing request
Requested Start Date of Leave:	
Anticipated Return Date:	
Reason for Leave:	
Additional Information Pertaining to Leave (optional):	

**SIGNATURES & APPROVAL:**

_____ <i>Employee Signature</i>	_____ <i>Date:</i>
_____ <i>Supervisor Signature/Acknowledgement</i>	_____ <i>Date:</i>
_____ <i>Next Level of Supervision Signature/Acknowledgement</i>	_____ <i>Date:</i>
_____ <i>Authorized Human Resources Signature/Approval</i>	_____ <i>Date:</i>

Upon completion, please submit to your Supervisor, Next Level of Supervision, and the Human Resources/Payroll department.